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**CONFIRMATION NO. 3954**

<b>SERIAL NUMBER</b> 09/721,858	<b>FILING DATE</b> 11/25/2000  <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> NPP022US
<b>APPLICANTS</b> Paul Lapstun, Rodd Point, AUSTRALIA; Kia Silverbrook, Balmain, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> <i>no</i> <div style="text-align: center;"><i>SG</i></div>				
<b>** FOREIGN APPLICATIONS *****</b> <i>new</i> <div style="text-align: center;"><i>SG</i></div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/02/2001</b> <div style="float: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <i>SE</i>            Examiner's Signature         </div> <div> <i>SE</i>            Initials         </div> </div>	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> <div style="text-align: center;">AIR MAIL</div> 24011				
<b>TITLE</b> Printer with manual collation control				
<b>FILING FEE RECEIVED</b> 400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>		